



Affidavit and Agreement Supporting Claim for a Deceased Person

(Checks will be made payable to the Estate of the Deceased Owner)

IMPORTANT: THIS FORM MUST BE LEGIBLE, COMPLETE AND ACCURATE OR IT WILL NOT BE ACCEPTED

I, the undersigned Claimant, claiming for or through the below-identified decedent who was entitled to claim certain property now held in custody by the Office of the State Treasurer, after being duly sworn, do hereby affirm as follows:

1. DECEASED OWNER'S INFORMATION: *All information required in this section can be found on the death certificate which can be obtained at the town office of the decedent's residence at the time of death or from the Maine Dept. of Health and Human Services.*

NAME OF DECEDENT: _____

DECEDENT'S SSN: _____

DECEDENT'S DATE OF BIRTH: _____ DECEDENT'S DATE OF DEATH: _____

RESIDENCE AT TIME OF DEATH: _____ COUNTY: _____

2. RIGHT TO PROPERTY CLAIMED:

I certify that the above-named Decedent was the rightful owner of property that the Office of the State Treasurer currently holds under his/her name. I agree that I have been officially appointed the Personal Representative of the estate OR am the beneficiary entitled by the will OR an heir entitled by the law, whichever applies, AND I agree that I will distribute the property/funds as required to other beneficiaries/heirs. Initial: _____.

3. PROBATE STATUS AND CAPACITY TO CLAIM: *Please verify the status of the estate by contacting the probate court of the county where the decedent resided at the time of death. An unprobated estate is an estate that was not administered, or is pending to be administered, in any court. To claim property for a deceased person, you must have been appointed as the personal representative/executor of the estate by the Court if the estate was probated, or if it was not probated, you must have been named in the will as the executor or a beneficiary, or be an heir under the Probate Code*

The status of the estate is as follows and I am entitled under applicable law to place this claim and enter into the below-stated **AGREEMENT** because of the following facts: (Check **ONLY ONE**)

- ☐ OPEN PROBATE/PR: The Decedent's estate is currently being probated in the _____ County Probate Court, State of _____, under Docket# _____, and I was appointed the personal representative/executor of the estate by the Court. *Skip to Section 5.*
- ☐ CLOSED PROBATE/PR: The Decedent's estate was probated in the _____ County Probate Court, under Docket # _____ and was closed in accordance with the _____ (state) Probate Code on _____ (date) and I was appointed personal representative/executor of the estate by the Court. *Skip to Section 5.*
- ☐ UNPROBATED/TRUSTEE: The Decedent's estate was not probated and no application or petition for the appointment of a personal representative/executor, or successor, is pending or has been granted in any jurisdiction, AND I am the trustee of the official trust to which all of the assets of the estate flowed. *Skip to Section 5.*
- ☐ UNPROBATED/HEIR: The Decedent's estate was not probated and no application or petition for the appointment of a personal representative/executor, or successor, is pending or has been granted in any jurisdiction, AND: Check ONE:
- ☐ The decedent did NOT leave a will. *Complete Section 4.*
- ☐ The decedent left a will naming me as the executor or as a beneficiary. *Skip to Section 5.*

4. IDENTIFICATION OF HEIRS

Complete the following list of relatives (first and last names). Indicate if each person is living (L) or deceased (D). If the deceased owner was married at the time of their death or ever had children, provide the relatives listed as Group A in each box below and check here ☐. If the deceased owner was not married at the time of their death AND never had children, provide the relatives listed as Group B in each box below and check here ☐. If there are more relatives than room provided in each box, please list them on the back of this page. By completing this form, you confirm that you understand the rules of intestate estates or have consulted a licensed attorney for guidance so that you are able to make proper distributions.

Group A. Spouse (if you are the surviving spouse, list your name here and skip to Section 5)	Group B. Parents
Group A. Child(ren)	Group B. Sibling(s)
Group A. Grandchildren	Group B. Nieces and Nephews (all generations, i.e. great, great-great, etc.)
Group A. Great-Grandchildren	Group B. Grandparents, Aunts, Uncles, Cousins

5. AGREEMENT AND INDEMNIFICATION: This affidavit is a LEGAL document and must be notarized. By signing this form, you claim to have been officially appointed the Personal Representative of the estate, are a beneficiary entitled by the will or an heir entitled by the law, whichever applies, and you agree that you will distribute the property/funds as required to other beneficiaries/heirs. Further, signing this affidavit and receiving payment for the property held by the State Treasurer relieves the State Treasurer of liability for these funds should there be a superior claim. This completed form, as well as any other documents submitted, may serve as evidence against you should the party with a superior claim file a lawsuit. **If you do not agree to all of these conditions, you should not complete this claim.**

Claimant agrees to abide by the distribution of the Decedent's assets as determined by applicable law, governing instruments and court orders, and to indemnify and hold harmless the Office of the State Treasurer against any superior claim(s) made on the claimed property.

Claimant's Signature: _____ Date: _____

Claimant's Name (printed): _____

6. NOTARIZATION:

Personally appeared before me the said Claimant and affirmed the above-stated facts as true and correct based upon his/her own personal knowledge.

County _____ State _____

Subscribed and sworn before me on: _____ (seal)

Notary Public: _____

My commission expires: _____.